

ONDO STATE SECURITY NETWORK AGENCY RECRUITMENT FORM

PLEASE FILL WITH BLOCKED LETTERS

1. BIODATA

SURNAME	<input type="text"/>	FIRST NAME	<input type="text"/>
LAST NAME	<input type="text"/>	ALIAS	<input type="text"/>
AGE	<input type="text"/>	SEX	<input type="text"/>
STATE	<input type="text"/>	LGA	<input type="text"/>
PHONE NUMBER	<input type="text"/>	MARITAL STATUS	<input type="text"/>
NAME OF SPOUSE	<input type="text"/>	NO OF CHILDREN	<input type="text"/>
HOME ADDRESS	<input type="text"/>		
HOW LONG HAVE YOU BEEN RESIDING IN YOUR PRESENT HOUSE	<input type="text"/>		
NAME AND ADDRESS OF LANDLORD	<input type="text"/>		
PERMANENT HOME ADDRESS	<input type="text"/>		
FATHER'S NAME	<input type="text"/>		
MOTHER'S NAME	<input type="text"/>		
CURRENT JOB/ADDRESS	<input type="text"/>		

2. SECURITY EXPERIENCE (Compulsory)

NAME OF PRESENT EMPLOYER/ORGANIZATION	<input type="text"/>
ROLE/POSITION OCCUPIED	<input type="text"/>
YEAR EMPLOYED	<input type="text"/>
REASON FOR RESIGNATION/LEAVING	<input type="text"/>
YEARS OF SECURITY EXPERIENCE	<input type="text"/>
ANY CRIMINAL RECORD?	<input type="text"/>
SECURITY VOLUNTARY ORGANIZATION YOU BELONG TO	<input type="text"/>

3. EDUCATIONAL QUALIFICATION

PRY

☐

SSCE

☐

TERTIARY

☐

Course of Study:

4. MEANS OF IDENTIFICATION

NATIONAL ID

☐

INTERNATIONAL PASSPORT

☐

NO:

NO:

VOTER'S CARD

☐

DRIVER'S LICENSE

☐

NO:

NO:

5. NEXT OF KIN DETAILS

NEXT OF KIN

RELATIONSHIP WITH NEXT OF KIN

ADDRESS OF NEXT OF KIN

PHONE NUM OF NEXT OF KIN

6. ATTESTATION

Local Government Chairman

Name:.....

Sign & Date.....

Sign & Date.....

Royal Father

Name.....

Town:.....

LGA:.....

Sign & Date.....

7. CONFIRMATION

I.....declare that all information provided by me are correct and promise to abide by the rules and regulations of the Corps

Applicant's Signature and Date

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